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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>42P16360</b>
First Inventor <b>Dmitrii Loukianov</b>		
Title	<b>A TIMESTAMPING NETWORK CONTROLLER FOR STREAMING MEDIA APPLICATIONS</b>	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. <b>EV325528030US</b>

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: <small>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</small>
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 36 ]</i> <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113) [Total Sheets 8 ]</i></p> <p>5. Oath or Declaration <i>[Total Pages ]</i> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can not be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number	<b>08791</b>		or	<input type="checkbox"/> Correspondence address below
Name				
Address				
City	State		Zip Code	
Country	Telephone	(503) 684-6200	Fax	(503) 684-3245

Name (Print/Type)	Gregory D. Caldwell		Registration No. (Attorney/Agent)	39,926
Signature			Date	08/14/03

19972 U.S. PTO  
10/642469  
08/14/03

# **FEE TRANSMITTAL for FY 2003**

*Effective 01/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 1,368.00)

Attorney, Decker No. 421-10500

**METHOD OF PAYMENT** *(check all that apply)*

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit  
Account  
Number 02-2666

Deposit  
Account  
Name Blakely, Sokoloff, Taylor & Zafman LLP

**The Commissioner is authorized to:** *(check all that apply)*

Charge fee(s) indicated below       Credit any overpayments

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## **FEE CALCULATION**

## 1. BASIC FILING FEE

Large Entity		Small Entity		<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	750.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>				<b>(\$)</b>	<b>750.00</b>

## 2. EXTRA CLAIM FEES<sub>Ex</sub>

Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims	45 5	20* 3*	25 2	18.00 X 84.00 =
Multiple Dependent				\$450.00 \$168.00 =

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over

*\*\*or number previously paid, if greater. For Reissues, see below.*

**Complete (if applicable)**

Name (Print/Type)	Gregory D. Caldwell	Signature	Registration No. (Attorney/Agent)	39,926	Telephone	(503) 684-6200
Signature				Date	08/14/03	

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 08/11/2003.  
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